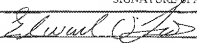


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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|---|--|---------------------------|---|-------------------|-----------------|-------------------------------|----------------------|---------------------|------|----------------|------|---------------|---------------|------------------------|---------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application/Patent Number</td> <td>6,299,858 B1</td> </tr> <tr> <td>Filing/Issue Date</td> <td>October 9, 2001</td> </tr> <tr> <td>First Named Inventor/Patentee</td> <td>George N. Serbedzija</td> </tr> <tr> <td>Confirmation Number</td> <td>8503</td> </tr> <tr> <td>Group Art Unit</td> <td>1632</td> </tr> <tr> <td>Examiner Name</td> <td>Ram R. Shukla</td> </tr> <tr> <td>Attorney Docket Number</td> <td>3262.1000-014</td> </tr> </table> | Application/Patent Number | 6,299,858 B1 | Filing/Issue Date | October 9, 2001 | First Named Inventor/Patentee | George N. Serbedzija | Confirmation Number | 8503 | Group Art Unit | 1632 | Examiner Name | Ram R. Shukla | Attorney Docket Number | 3262.1000-014 |
| Application/Patent Number | 6,299,858 B1 | | | | | | | | | | | | | | |
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| First Named Inventor/Patentee | George N. Serbedzija | | | | | | | | | | | | | | |
| Confirmation Number | 8503 | | | | | | | | | | | | | | |
| Group Art Unit | 1632 | | | | | | | | | | | | | | |
| Examiner Name | Ram R. Shukla | | | | | | | | | | | | | | |
| Attorney Docket Number | 3262.1000-014 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Title</td> <td>Methods of Screening Agents for Activity Using Teleosts</td> </tr> </table> | | Title | Methods of Screening Agents for Activity Using Teleosts | | | | | | | | | | | | |
| Title | Methods of Screening Agents for Activity Using Teleosts | | | | | | | | | | | | | | |
| <p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10]</p> <p>_____</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 021005</p> | | | | | | | | | | | | | | | |
| <p>Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> Customer Number 021005 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133</p> <p><input type="checkbox"/> Other _____</p> | | | | | | | | | | | | | | | |
| <p>Please direct all telephone calls and facsimiles to:</p> <p>Name _____ David E. Brook Tel. No. _____ (978) 341-0036 Fax No. _____ (978) 341-0136</p> | | | | | | | | | | | | | | | |
| <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Authorized representative of the Assignee, Phylionix Pharmaceuticals, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.</p> <p><input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.</p> | | | | | | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | |
| Name & Title | Edward O'Leary, Vice President & CFO | | | | | | | | | | | | | | |
| Date | 12/07/2010 | | | | | | | | | | | | | | |